Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE
Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

			Attorney Docket Number	EX00-015		
DECLARATION FOR UTILITY OR DESIGN PATENT APPLICATION		First Named Inventor	Buchman et al.			
		COMPLETE IF KNOWN				
	(37 CFR 1.63)		Application Number	09 / 524,101		
•			Filing Date	13 March 2000		
□ Declaration Submitted	OR	Declaration Submitted after Initial	Group Art Unit	1646		
with Initial Filing	Filing (surcharge (37 C FIR 1. 1 6 (e)) required)		Examiner Name	· ·		

As a below named Inventor, I hereby declare that: My residence, post office address,											
and citizenship are as stated below next to my name.											
I believe I am the original, first and sole inventor (it only one name is listed below) or an original, first and joint inventor (it plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention											
				-							
Insect p53 Tumor Suppressor Genes and Proteins											
the specification of which (Title of the Invention) is attached hereto											
OR											
was filed on (MM/DD/YYYY)	03/13/00	as Unito	ed States Application	Number or PCT Inte	mational						
Application Number 09/524,101	and wa	s amended on (MW/DD/YYY	ν)		(if applicable).						
I hereby state that I have reviewed a	nd understand the	contents of the above ide	ntified specification	n, including the cl	aims, as						
amended by any amendment specifi	•										
I acknowledge the duty to disclose informa	tion which is material t	o patentability as defined in 3	37 CFR 1.56.								
I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or 365(b) of any foreign application(s) for patent or inventor's certificate, or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or of any PCT international application having a filing date before that of the application on which priority is claimed.											
Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy YES	Attached?						
Additional foreign application num	bers are listed on a	supplemental priority da	ita sheet PTO/SB/	02B attached here	eto:						
I hereby claim the benefit under 35 U.S.C											
Application Number(s)	Filing Date	(MM/DD/YYYY)									
60/184,373	000	numb suppl	I application n a data sheet d hereto.								

[Page 1 of 2]

Burden Hour Statement: This form is estimated to take 0.4 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

PTO/SB/01 (12-97)
us sign (+) inside this box

Approved for use through 9/30/00. OMB 0651-0032

Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number:

DECLA	RATION	1	U	tility	y or	De	sigr	n Pate	ent A	۱pp	licatio	n		
I hereby claim the benefit under 35 U.S.C. 120 of any United States application(s), or 365(c) of any PCT international application designating the United States of America, listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States or PCT International application in the manner provided by the first paragraph of 35 U.S.C. 112, 1 acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56 which became available between the filing date of the prior application and the national or PCT international filing date of this application.														
U.S. Pare	ent Applicatio Numbe		PCT	Parent				ling Date /YYYY)			nt Patent N (if applicab			
09/268,969	9/268,969							16 March 1999						
Additional U.S. or PCT international application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.														
As a named inventor, I hereby appoint the following registered practitioner(s) to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith: Customer Number 23500 OR Registered practitioner(s) name/registration number listed below														
		_ 	Registe	ered prac Regist) name	registrat	ion number i	isted belo	w		tration		
Nam	е			Num				Nar	ne			mber		
		,	-					,						
Additional registere	d practitioner(s) na	amed or	suppl	<u>emental</u>	Register	ed Prac	titioner Ir	nformation sh	eet PTO/	SB/020	attached here	to.		
Direct all correspond		ustom r Bar C			23500		_:	OR	c	orrespo	ondence add	ress below		
Name	 							•	•					
Address	 				·			,						
Address			_				. [<u> </u>	<u> </u>					
City						S	tate		ZIP					
Country			Te	lephor	ne l				Fax					
I hereby declare that a believed to be true; an punishable by fine or i application or any pater	d further that the mprisonment, or l	eo etate	mente	were m	itiw aher	the ko	anhalwo	that willful f	alse state	aments	and the like s	o made are		
Name of Sole or I	First Inventor	:		. •			A petition	on has bee	n filed fo	r this (ınsigned inve	entor		
Given Na	me (first and mi	ddle [if	anyl)			_		Fam	ly Name	or Su	rname			
Andrew Roy	1			_ ~		Bu	chman		<u> </u>					
Inventors Signature	4	d_	1	2	13	Date					4/19/00			
Residence: City	Berkeley			State	CA		Country	us	·		Citizenship	us		
Post Office Address	3119 Epton A	Avenu	e					. 5						
Post Office Address				,					,					
City	Berkeley	State	CA		z	P 94	1705		Cou	ntry	us			
Additional invent	ors are being na	med o	n the	3su	ppleme	ntal Ad	ditional	Inventor(s)	sheet(s) PTO	/SB/02A attac	ched hereto		

Please type a plus sign (+) inside this box -->

PTO/SB/02A (3-97)

Approved for use through 9/30/98. OMB 0651-0032

Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

DECLARATION

ADDITIONAL INVENTOR(S) Supplemental Sheet Page 1 of 3

Name of Addition	nal Joint Inventor, if an	y:		A petition has been filed for this unsigned inventor									
Given Na	me (first and middle [if any]))		Family Name or Surname									
Darren Mark				Platt					,				
Inventor's Signature	Denne	Date Date											
Residence: City	San Francisco	State	CA		Country	US		Citizenship	UX Austra				
Post Office Address	929 Pine Street, Apt. 20	1											
Post Office Address								·					
City	San Francisco	State	CA_		ZIP 9	4108	Count	ry US					
Name of Addition	nal Joint Inventor, if an	y:			A petitio	on has been fi	led for th	nis unsigned	i inventor				
Given Name (first and middle [if any])						Family Name or Surname							
Michael Martin			<u>.</u>	0	llman	V							
Inventor's Signature	Wichnel	CH	lu					5/19/ _A	JO				
Residence: City	Menlo Park	State	CA		Country	us	<u>-</u>	Citizensi	nip US				
Post Office Address	Altschul 1805 Atschul Avenue	MO)						•					
Post Office Address					· ·		<u>,</u>						
City	Menlo Park	State	CA		ZIP	94025	Cou	intry US					
Name of Addition	nal Joint Inventor, if an	y: [•		A petiti	on has been f	iled for t	his unsigne	d inventor				
Given Na	ame (first and middle [if any])				Family Name or Surname							
Lynn Marie				You	ng	· .		·····					
Inventor's Signature	Lym Main Stor	eng a	Lead	1	11	aie Gr		Date	4/19/00				
Residence: City	Redwood City	State	CA		Country	US		Citizens	hip US				
Post Office Address	1313 Harrison Avenue												
Post Office Address													
City	D 1 010	Ciata			710	049062		Country					

Burden Hour Statement: This form is estimated to take 0.4 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

Please type a plus sign (+) inside this box -->

PTO/SB/02A (3-97)

Approved for use through 9/30/98. OMB 0551-0032

Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

DECLARATION

ADDITIONAL INVENTOR(S)
Supplemental Sheet
Page 2 of 3

									_		
Name of Addition	nal Joint Inventor, if any		A petition has been filed for this unsigned inventor								
Given Na	me (first and middle [if any])			Family Name or Surname							
Madelyn Robin			D	emsk	y	<u></u>					
Inventor's Signature	Maddy Almsly Date 5/16								/16/00		
Residence: City	San Francisco	State	CA_	Co	ountry [JS		Citizens	hip U	S	
Post Office Address	1 770 Pine Street, #3203 *	18	829	Vir	<u> ما بار</u>	a St. T	<u>ser1</u>	celey	CA	94703	
Post Office Address			<u> </u>			•					
City	San Francisco	State	CA		ZIP 94	1109	Country	us			
Name of Additional Joint Inventor, if any:								entor			
Given Name (first and middle [if any]) Family Name or Surname											
Kevin Patrick Keegan											
Inventor's Signature	1. P. c	K		>)		• ,	Da	te	5-15-00	
Residence: City	San Lorenzo	State	CA	Co	ountry	us	······	Citize	nship	us	
Post Office Address	17311 Via Estrella 14	5 g	AYRE	<u>. s</u>	5 X	8K					
Post Office Address	`		•								
City	SAN LEANDRO	State	CA		ZIP	945 80 94 580	Cour	ntry U	s ·		
Name of Addition	nal Joint Inventor, if any	/:	-	A	petitio	n has been filed	for th	is unsigr	ned inv	entor	
Given Na	ame (first and middle [if any])					Family Nan	ne or S	Surname			
Lori	^ -		F	riedn	nan						
Inventor's Signature	Kan De	ud	m				: :	Da	te	5/25/00	
Residence: City	San Francisco	State	CA	c	ountry	US		Citize	nship	US	
Post Office Address	One Bayside Village Pla	ice, Un	it 212								
Post Office Address		•					<u>.</u>	•			
City	San Francisco	State	CA	از	ZIP	94107	,	Country	US		

Burden Hour Statement: This form is estimated to take 0.4 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

		ı
Please type a plus sign (+) inside this box>	- +-	

gn (+) inside this box -->

Approved for use through 9/30/98. OMB 0651-0032
Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE
Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

DECLARATION

ADDITIONAL INVENTOR(S) Supplemental Sheet Page 3 of 3

		_			:							
Name of Additional Joint Inventor, if any:									ed inv	entor		
Given Na	me (first and middle [if any])			Family Name or Surname								
Casey			J	Корса	ynski		,					
Inventor's	1			. Data	4	115/00						
Signature				$\overline{}$				Date	+	11070		
	Belmont	State	CA	С	ountry	US		Citizens	hip U	IS		
	2759 Post Office Address 3559 St. James Road CK											
Post Office Address												
City	Belmont	State	CA		zip 9	4002	Country	US				
Name of Additional Joint Inventor, if any:										entor		
Given Na	me (first and middle [if any])			Family Name or Surname								
Jeffrey S. Larson												
Inventor's Signature	Muy	L	Sw	n	r	<u> </u>		Da	te	5/15/00		
Residence: City	Burlingame	State	CA	c	ountry	us		Citize	nship	us		
Post Office Address	1220 El Camino Real #3	05										
Post Office Address												
City	Burlingame	State	CA		ZIP	94010	Coun	try U	S_			
Name of Addition	nal Joint Inventor, if any	:			A petitio	on has been file	d for thi	is unsigr	ned inv	ventor		
Given Na	me (first and middle [if any])					Family Na	me or S	urname				
Stephanie A.				Rober	tson	. *** ! *						
Inventor's Signature	Hove	X) b		-			Da	ite	5/14/00		
Residence: City	San Francisco	State	CA	ļ	ountry	US		Citize	nship	US		
Post Office Address	255 Fowler Avenue					į						
Post Office Address												
City	San Francisco	State	CA.		ZIP	94127	C	ountry	us			

Burden Hour Statement: This form is estimated to take 0.4 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.